Name in Full: Earnest Burrett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Lankford — County: Kent

Date of death 1904: Month: 2 — Day: 14 — Age: Years: 23 — Months: 9 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Kent Co Md

Married, Single or Widowed: Single — Occupation: Fisherman, Oysterman

Name of Wife or Husband:

Father's Name: J Roland Burrett — Father's Birthplace: Kent Co Md

Mother's Maiden Name: M A Burrett — Mother's Birthplace: Kent Co Md

Name of person giving information: Jack. J R Burrett — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis of Lungs — How long: 18 M

Immediate: Exhaustion — How long: Several Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W Frank Hearn

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A23510

Name in Full: Edward E. Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond Creek; County: Kent

Date of death: Month: Oct; Day: 15; Year: 1904; Age: 4 Years — Months — Days —

Sex: male; Color or Race: Black; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: — — — —

Father's Name: Alexandria Brooks 93; Father's Birthplace: Md

Mother's Maiden Name: Alice Brooks; Mother's Birthplace: Md

Name of person giving Information: John Brooks; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia; How long: 8 days

Immediate: Pleurisy; How long: 2 wks.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. R. Messick

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A33616

Name in Full: Lilly V. Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond Creek — County: Kent

Date of death 1904: Month: Feb — Day: 25 — Age: Years: 1 — Months: 9 — Days:

Sex: Female — Color or Race: Black — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Alexandra Brooks — Father's Birthplace: Md

Mother's Maiden Name: Alice Price — Mother's Birthplace: Md

Name of person giving information: Alex Brooks 93 — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long:

Immediate: " " — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. R. Merrick

Address: Still Pond Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Charles Henry Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Georgetown | County: Kent

Date of death 1901 | Month: Feb | Day: 26 | Age: Years 78 | Months 10 | Days

Sex: Male | Color or Race: Negro | Birthplace: Maryland

Occupation: Laborer | Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~ | Name of Wife or Husband: Mary Ridlin

Father's Name: James Clark | Father's Birthplace: Maryland

Mother's Maiden Name: Dianah Thomas | Mother's Birthplace: Talbot Co Md.

Name of person giving information: John Clark | How related to deceased: Brother

64.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hemaplegia | How long: 3 Months

Immediate: Exhaustion | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: G B Wilson

Address: Edesville Md. Kent Co.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: John Nelson Collier

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent

Date of death 1904: Month: Oct — Day: 17 — Age: Years: 71 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Maryland

~~Married, Single~~ or Widowed: Widowed — Occupation: Oysterman

Name of Wife or Husband: Edmora Barbury

Father's Name: John Nelson Collier — Father's Birthplace: Maryland

Mother's Maiden Name: — — Mother's Birthplace: Maryland

Name of person giving Information: Thomas Nelson Collier — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Hermaphysica — How long: 5 days

Immediate: Pulmonary Congestion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Chas B Wallace

Address: Edesville

Kent Co. Md.

Accident or Suicide?

LIBRARY BUREAU A68219

Name in Full: Mary E. Cornelius

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lyttleton — County: Kent

Date of death: Month: Feb — Day: 15 — 1904

Age: Years: 64 — Months: 5 — Days: —

Sex: female — Color or Race: White — Birthplace: md

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Husband: Frederick W. Cornelius

Father's Name: Joseph Sparks — Father's Birthplace: md

Mother's Maiden Name: Mary Story — Mother's Birthplace: md

Name of person giving information: Mrs E. E. Jarrell — How related to deceased: Daughter

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: one week.

Immediate: Heart failure. — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU A83316

Name in Full: Martha May Dadds

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Feb; Day: 17

Age: Years: —; Months: 5; Days: 2

Sex: Female; Color or Race: White; Birthplace: Chestertown

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm. Dadds; Father's Birthplace: —

Mother's Maiden Name: Martha May Robinson; Mother's Birthplace: —

Name of person giving information: Mrs Beck; How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis; How long: Since birth

Immediate: Asthenia; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. T. Simpers

Address: Chestertown Kent Co

Accident or Suicide? No

LIBRARY BUREAU A66618

Name in Full — Dorsey

CERTIFICATE OF DEATH

MARYLAND

TO BE FURNISHED BY NEAREST FRIEND

Died at Town: Colemans County: Kent

Date of death: Month 2, Day 14, 1904 Age: Years —, Months —, Days 12

Sex: Female Color or Race: Colored Birth-place: Colemans

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Single Name of Wife or Husband: —

Father's Name: Henry Dorsey Father's Birthplace: Md

Mother's Maiden Name: Ida Wilmore Mother's Birthplace: Md

Name of person giving Information: Henry Dorsey How related to deceased: Father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No Doctor in attendance How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. R. Merrick

Address: Still Pond Md

Accident or Suicide?

LIBRARY BUREAU A66016

Columbia

Name in Full: Thos. St. Fithian

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Talma — County: Kent

Date of death 1904: Month: Feb. — Day: 26 — Age: Years: 61 — Months: 10 — Days:

Sex: Male — Color or Race: White — Birthplace: New Jersey

Married, Single or Widowed: Married — Occupation: —

Name of Wife or Husband: Elizabeth Moore

Father's Name: William Fithian — Father's Birthplace: New Jersey

Mother's Maiden Name: Sarah Pierson — Mother's Birthplace: "

Name of person giving information: John T. Fithian — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary:

Immediate: Edema Lungs — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Norbut Kelley

Address: Kennedyville Md.

Accident or ~~Suicide~~? I saw patient only once two hours before death.

LIBRARY BUREAU A88516

Name in Full: John Henry Ford

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Bloomfield; County: Kent

Date of death: Month: Feb; Day: 18; 1904

Age: Years: —; Months: 5; Days: —

Sex: Male

Color or Race: Black

Birthplace: Kent Co Md

Occupation: —

Where Residing if not at place of death: Bloomfield

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Willie Ford

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Father's Birthplace: Md

Mother's Maiden Name: Maria Milligan

Mother's Birthplace: Md

Name of person giving Information: Willie Ford

How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 2 weeks

Immediate: Pneumonia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. L. Barwick

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Laura Ellen, Franklin.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Golts. County: Kent

Date of death 1904: Month: Feb. Day: 6. Age: Years: 43. Months: 3. Days: 11.

Sex: Female. Color or Race: Colored. Birthplace: Frederic Co. Md.

Married, ~~Single or Widowed~~: Occupation: Housewife

Name of Wife or ~~Husband~~: Laura Ellen, Hood.

Father's Name: Joshua. Hood. Father's Birthplace: X

Mother's Maiden Name: Martha. A. Addison. Mother's Birthplace: X

Name of person giving In formation: How related to deceased:

CAUSES OF DEATH

Primary: Hemiplegia. How long: Six months

Immediate: How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N M Jeter M.D.

Address: Sassafras, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A69316

Name in Full: Gibson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Swan Creek — County: Kent

Date of death: Month: Feb. — Day: 12 — Age: Years / Months / Days

Sex: Male — Color or Race: White — Birthplace: Swan Creek

Occupation: — — Where Residing if not at place of death: Swan Creek

~~Married~~ Single or ~~Widowed~~ — Name or Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Ellwood Gibson — Father's Birthplace: Maryland

Mother's Maiden Name: Martha Sisson — Mother's Birthplace: Maryland

Name of person giving information: Martha Sisson — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still born — How long: — —

Immediate: — — How long: — —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E B Williams

Address: Edesville Kent Co Maryland

Accident or Suicide? Accident

LIBRARY BUREAU A88516

Name in Full: Louis R. Hepbron

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Goose hill; County: Kent

Date of death: Month: Feb; Day: 28; Years: Age 42; Months; Days

Sex: Male; Color or Race: White; Birthplace: Md

Occupation: Laborer; Where Residing if not at place of death:

Married, Single or Widowed: widower; Name of Wife or Husband:

Father's Name: Louis S. Hepbron 120; Father's Birthplace: Md

Mother's Maiden Name: Mary E. Rowberry; Mother's Birthplace: Md

Name of person giving In formation: Mrs J. B Hennigar; How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bright's Disease. How long: two years,

Immediate: Uraemia. How long: two days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: Wm. H. Maxwell.

Address: Still Pond, Md.

Accident or Suicide?

LIBRARY BUREAU

Stuart Pond

Name in Full: Elizabeth Hitchens

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent Co.

Date of death 1904 — Month: Feb. — Day: 5 — Age — Years: 73 — Months: 5 — Days:

Sex: Female — Color or Race: White — Birthplace: Delaware

~~Married, Single~~ Widowed: Widowed — Occupation: House Keeper

Name of ~~Wife~~ or Husband: James Hitchens

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: Virginia Watson — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 day

Immediate: Exhaustion — How long: 2 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Selby M.D.

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU A89316

Name in Full: Henry Hyson.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Chester. County: Kent.

Date of death 190: Month: Feby. Day: 27.

Age: Years: 65. Months: Days:

Sex: Male. Color or Race: Black. Birthplace: Kent Co Md.

Married, Single or Widowed: single. Occupation: Hand

Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: 93. How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia. How long: 2 Weeks

Immediate: Exhaustion Bron[illegible] How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: C. O. Woodland M.D.

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A69515

Name in Full

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Jackson County: Kent

Date of death	Month	Day	Age: Years	Months	Days
1904	Feb	4	—	—	—

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female	Color or Race: White	Birthplace: Virginia
Occupation: —	Where Residing if not at place of death: —	
Married, Single or Widowed: —	Name of Wife or Husband: —	
Father's Name: John E. Jackson Sr.		Father's Birthplace: Md
Mother's Maiden Name: Annie Truitt		Mother's Birthplace: Md
Name of person giving Information		How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still birth	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician: G. Irvin Barwick M.D.
	Address: Kennedyville Md
Accident or Suicide? —	

LIBRARY BUREAU A88816

Name in Full: Mathilda Kendall

CERTIFICA

MAR

Died at — Town: Edesville — County: Kent Co.

Date of death 1904 — Month: Feb. — Day: 10

Age — Years: 4 — Months: 11 — Days: 2

Sex: Female — Color or Race: White — Birthplace: Kent Co.

Married, Single or Widowed — Occupation

Name of Wife or Husband

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TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Columbus Leary Kendall — Father's Birthplace: Kent Co.

Mother's Maiden Name: Lena Schoon — Mother's Birthplace: Kent Co

Name of person giving In formation: Columbus Kendall — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Bronchitis — How long: 6 days

Immediate: Exhaustion — How long: One day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W O Selby M D

Address: Rock Hall Kent Co.

Accident or Suicide?

LIBRARY BUREAU A9838

Name in Full: Mary Louisa Mutkins

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Worton — County: Kent

Date of death 1904 — Month: July — Day: 22

Age — Years: 1 — Months: — Days: 7

Sex:

Color or Race: White

Birthplace: Kent Co Md

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

Father's Name: Adam Mutkins

Father's Birthplace: Kent Co Md

Mother's Maiden Name: Mennie Wheat

Mother's Birthplace: Kent Co Md

Name of person giving information: Adam Mutkins

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe

How long: One week

Immediate: Pneumonia

How long: one week

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John H. Heavey

Address: Kennedyville Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Adolphus Doud Melvin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Marquess — County: Kent

Date of death 1904: Month: 2 — Day: 13 — Age: Years: 58 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Kent Co Md

Married, Single or Widowed: Married — Occupation: Minister of Gospel

Name of Wife or Husband: Isabella Walker

Father's Name: Andrew W. Melvin — Father's Birthplace: Cecil Co Md

Mother's Maiden Name: Susan Sweet — Mother's Birthplace: Kent Co Del

Name of person giving information: Walter Melvin — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nasal Bronchitis (or Pneumonia) — How long: April 1903

Immediate: Paralysis of Pneumogastric — How long: A few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Harris

Address: Chestertown Md

Accident or Suicide?

LIBRARY BUREAU A88815

Name in Full: Bertha Estella Moffett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rock Hall — County: Kent Co.

Date of death 1904 — Month: Feb. — Day: 9 — Age — Years: 23 — Months: 11 — Days: 11

Sex: Female — Color or Race: White — Birthplace: Kent Co.

Married, Single or Widowed: Married — Occupation: Housewife

Name of ~~Wife or~~ Husband: Wm. Simon Moffett

Father's Name: Jake L. Kendall — Father's Birthplace: Kent Co.

Mother's Maiden Name: Mary Dodd — Mother's Birthplace: Kent Co.

Name of person giving information: Thomas Kendall — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Inflammation — How long: 4 days

Immediate: Exhaustion — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M.D.

Address: Rock Hall, Kent Co.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: John Henry Alexander Pierce

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Georgetown near Fairlee County: Kent

Date of death 1904: Month: 3rd Day: 13 Years: 73 Months: 7 Days: 3

Sex: Male Color or Race: African Birthplace: Md

Married, Single or Widowed: Married Occupation: Sailor

Name of Wife or Husband: Ella Jones

Father's Name: Jamie Pierce Father's Birthplace: Md

Mother's Maiden Name: Henry Grunwood Mother's Birthplace: Md

Name of person giving information: Charles Pierce How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis & Endocarditis How long: 15 Mo.

Immediate: Exhaustion Acute Dropsy How long: 2 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Frank W Smith

Address: Fairlee Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

J. Seward Quinn

Died at near Galena Town, Kent County, MARYLAND

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	2	14		2			Md.	

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name Jno. R. Quinn

Mother's Name Mary Quinn

Cause of Death — Primary: Ulcer on Mucous Tissue — How long sick

Immediate: Paralysis of respiration — ~~Accident, Suicide, Homicide~~

Reported by J. H. Tatum M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full: Isaac Razer

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Millington County: Kent

Date of death 1904: Month: 2 Day: 12 Years: Age about 70 Months Days

Sex: Male Color or Race: White Birthplace: Pennsylvania

Occupation: Carpenter Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband: Mary E. Razer

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving Information: Mary E Razer How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cirrhosis of Liver How long: About 6 or 7 Months

Immediate: Congestion of Lungs How long: about 15 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr W N Jacobs

Address: Millington Md

Accident or Suicide?

LIBRARY BUREAU A80816

Name in Full

Certificate of Death

Thu Born. Maurice D. Shope

Died at Town: Pomona County: Kent MARYLAND

Date 1904 Month: 2 Day: 5 Age: Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced

Female ~~Colored~~ Single Widowed Number of children living

Husband of

Wife

Father's Name: J. L. Shorter Mother's Name: Margaret R. Shorter

Cause of Death: Primary ——— How long sick

Immediate ——— Accident, Suicide, Homicide

Reported by W. Francis Harris M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65568

Name in Full: John Alfred Stauffer

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Kennedyville; County: Kent

Date of death: 1904; Month: Feb; Day: 15; Age: Years: 84; Months: 4; Days: 5

Sex: Male; Color or Race: White; Birthplace: Germany

Occupation: Carpenter; Where Residing if not at place of death: Kennedyville Md

Married, Single or Widowed: Widower; Name of Wife or Husband:

Father's Name: Dont Know; Father's Birthplace: Germany

Mother's Maiden Name: Dont Know; Mother's Birthplace: Germany

Name of person giving Information: Mrs. James Haggerty; How related to deceased: Daughter

154.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long

Immediate: General debility & Heart failure; How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: E. Irvin Pennick

Address: Kennedyville Md.

Accident or Suicide?

LIBRARY BUREAU A66016

Name in Full: Elizabeth Davis Stevens

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rock Hall — County: Kent Co.

Date of death 1904	Month	Day	Age: Years	Months	Days
	Feb.	24		5	5

Sex	Color or Race	Birthplace
Female	White	Rock Hall Kent Co

Married, Single or Widowed:

Occupation:

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	John Thomas Stevens	Father's Birthplace: Kent Co.
Mother's Maiden Name	Emma Davis	Mother's Birthplace: Kent Co.
Name of person giving information	John Thomas Stevens	How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Consumption	How long: 9 month
Immediate	Exhaustion	How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. O. Selby M. D.

Address: Rock Hall, Kent Co.

Accident or Suicide?

LIBRARY BUREAU A695 1 6

Name in Full: George Henry Snitcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Cheslichin — County: Kent

Date of death 1904: Month: 2 — Day: 2

Age: Years: 62 — Months: 5 — Days: 4

Sex: Male — Color or Race: White — Birthplace: N.J.

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Emma Belle Redshaw

Father's Name: Isaac Snitcher — Father's Birthplace: N.J.

Mother's Maiden Name: Hannah Shirl 108 — Mother's Birthplace: N.J.

Name of person giving In formation: Mrs Geo H Snitcher — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Obstruction & Inflammation of bowels — How long: 4 days

Immediate: Paralysis of Heart — How long: 4 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Brooks Lewis

Address: Cheslichin Md

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Mary Francis Frusty

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sandy Bottom; County: Kent

Date of death 1904: Month: Feby; Day: 17; Age: Years: 28; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Sandy Bottom

Married, Single or Widowed: Married; Occupation: Housework

Name of Wife or Husband: William Frusty

Father's Name: John Valley; Father's Birthplace: Kent Co

Mother's Maiden Name: Savanah Black; Mother's Birthplace: " "

Name of person giving information: Perry Frusty; How related to deceased: Father in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colitis; How long: Several

Immediate: Eclampsia; How long: 1 Day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H F Bruce Harmon

Address: Chestertown Md

Accident or Suicide? No

LIBRARY BUREAU A6651S

Name in Full: Henry Clay Ruilton

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lansford — County: Kent.

Date of death 190 — Month: Feby. — Day: 29.

Age — Years: 60 — Months: — — Days: —

Sex: Male. — Color or Race: White — Birthplace: Kent Co Md.

Married, Single or Widowed: Married — Occupation: Farmer.

Name of Wife or Husband: Sallie Ruilton

Father's Name: Geo B. Ruilton — Father's Birthplace: Kent Co Md.

Mother's Maiden Name: Sarah Hutchenson — Mother's Birthplace: " " "

Name of person giving In formation: Son. — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption Bronchial Asthma — How long: 8 yrs

Immediate: Exhaustion Uremic Coma — How long: 3 days.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: C W Whiteland M.D.

Address: Centerville Md

PHYSICIAN OR CORONER

[redacted] Medical Examiner

LIBRARY BUREAU A69518

Name in Full: Janie Walker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Chestertown (County) Kent

Date of death 1904 (Month) Feb. (Day) 19

Age (Years) (Months) 10 (Days)

Sex Female Color or Race Negro. Birthplace Chestertown.

Married, Single or Widowed

Occupation

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name Eliza Walker

Mother's Birthplace Chestertown

Name of person giving information Eliza Walker

How related to deceased Mother

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Pneumonia How long 10 days.

Immediate " How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. L. Dodd

Address Chestertown Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: James E. Wallis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Still Pond; County: Kent

Date of death: Month: Feb; Day: 17; Years: 4; Months: 3; Days: —

Sex: Male; Color or Race: Black.; Birthplace: Md

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Single; Name of Wife or Husband: —

Father's Name: Henry Wallis; Father's Birthplace: Md

Mother's Maiden Name: Carrie Banner; Mother's Birthplace: Md

Name of person giving information: Henry Wallis; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Burns. 167; How long: 36 hours.

Immediate: —; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes,

Signature of Physician: Wm. S. Maxwell.

Address: Still Pond, Md.

Accident or Suicide? —

LIBRARY BUREAU AB6616

Name in Full: Allie May Whitely

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chestertown; County: Kent

Date of death 1904: Month: Feby; Day: 24

Age: Years: —; Months: 5; Days: 7

Sex: Female; Color or Race: White; Birthplace: Chestertown

Married, Single or Widowed: —; Occupation: Infant

Name of Wife or Husband: —

Father's Name: Wm T. H. Whitely; Father's Birthplace: Kent Co

Mother's Maiden Name: Mary A Kirby; Mother's Birthplace: Chestertown Md

Name of person giving information: Wm T. H. Whitely; How related to deceased: Father

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital weakness; How long: All its life

Immediate: Endocarditis; How long: 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Bunge Simmons

Address: Chestertown, Md

Accident or Suicide? No.

LIBRARY BUREAU A6231G

Name in Full — — Reddon Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Chestertville — County: Kent

Date of death 190 4 — Month: Feby — Day: 24 — Age: Years — Months — Days: 14

Sex: Girl — Color or Race: Black. — Birthplace: Chestertown

Married, Single or Widowed — Occupation

Name of Wife or Husband

Father's Name: Perry Wilson — Father's Birthplace: Kent Co

Mother's Maiden Name: Francis Reddon — Mother's Birthplace: Kent Co.

Name of person giving In formation: Prof W. Mathews — How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Gastritis — How long: 12 hours

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C P Gowman MD

Address: Millington Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A93616

Name in Full: George Wright

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Colesman — Town; Kent — County

Date of death 1904: Month Feb; Day 17; Age 68 Years; Months —; Days —

Sex: Male

Color or Race: Black

Birthplace: Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or ~~Husband~~: Harriet M Wright

Father's Name: Perry Wright

Father's Birthplace: Md

Mother's Maiden Name: Margret Cookins

Mother's Birthplace: Md

Name of person giving Information: Harriet Wright

How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Interstitial Nephritis — How long

Immediate: Uraemia — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: N. R. Mexwell

Address: Stills Ford Md

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mariah O. Young

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Betterton; County: Kent

Date of death: Month: 2; Day: 24; 1904

Age: Years: 76; Months: —; Days: —

Sex: female

Color or Race: White

Birthplace: U. S.

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband: John Young

Father's Name: Jacob Reese

Father's Birthplace: U S

Mother's Maiden Name: E. Moffett

Mother's Birthplace: U S.

Name of person giving Information: Mrs E. Biddle 154

How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senil Debility

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm. L. Merrick

Address: Still Pond Md.

Accident or Suicide?

LIBRARY MURLAJ A88016